



MEMPHIS AMBASSADORS PROGRAM

MEDIA RELEASE FORM

I, _____, the Parent,
Guardian, or Legal Custodian of _____,
(Name of MAP Participant)
do hereby give my permission for the above named youth to be filmed,
photographed, or interviewed by the media during the Memphis Ambassadors
Program (MAP) events and activities. I also give the Memphis Ambassadors
Program staff permission to use my child's photograph, work or voice to promote the
Memphis Ambassadors Program.

Name of Participant

Signature of Participant

Date

Name of Parent, Guardian, or Legal Custodian

Signature of Parent, Guardian, or Legal Custodian

Date